

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

<u> </u> :		CLAIMS AS	S FILED - (Column		SMALL ENTITY TYPE			OTHER THAN				
TOTAL CLAIMS			X	_		mn 2)	RAT		FEE	1	RATE	FEE
FOR			NUMBER I	FILED	NUMB	ER EXTRA	BASIC		375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			8 min	us 20=	•		X\$ 9)=	1 .	OR	X\$18=	
INDEPENDENT CLAIMS			/ mii	nus 3 =	÷.		X42	_	1	OR	X84=	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT		_		+140		+	1		
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	TOTA	_	مسروات ال	OR		
CLAIMS AS AMENDED - PART II							1017	۱ ۱	375	OR	TOTAL	711011
		(Column 1)		(Colun	(Column 3)	SMALL ENTITY O				OTHER THAN OR SMALL ENTITY		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA	PAI		ADDI- TIONAL VEEE		RATE	ADDI- TIONAL FEE
	Total	. 8	Minus	**	<u>L</u>	=	X\$ 9	=		OR	X\$18=	
	Independent	· /	Minus	***		=	X42	-		OR	X84=	
L	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		+140	_		OR	+280=	
			٠.				TO ADDIT, F	TAL		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)	ADDI1.1	<u>-</u>		•	ADDII. FEE	·
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER DUSLY	PRESĘNT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	ARA.		=	X42	=		OR	X84=	
<u> </u>	ringi Friese	NIATION OF MIC	JETIPLE DEP	ENDENT	CLAIM		+140	_		OR	+280=	
		. **.					TO'			OR	TOTAL ADDIT. FEE	
·		(Column 3)					*** **					
AMENIDMENT C		CLAIMS REMAINING AFTER AMENDMENT	;	HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA	RATI		ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	AR .		_	X\$ 9			OR.	X\$18=	
	Independent	*	Minus	***		=	X42=				X84=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DER	ENDENT	CLAIM	$\Box\Box$	 ``	+		OR	<u>_</u>	
с. ње	If the entry in colum	~ mn 1 is lose than *	ne entry in activ	nin O umita	."∩" in ool	lumn 3	+140			OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								AL EE		OR	TOTAL ADDIT. FEE	V
	The "Highest Nur	ther Previously Pa	d For" (Total or	Independe	ent) is the	highest number	r found in the	appi	opriate box	in col	umn 1.	